



## NOTICE OF INTENT TO ENROLL IN THE MORE JOBS FOR MARYLANDERS INCENTIVE PROGRAM

### INSTRUCTIONS:

**For New Businesses:** A new business is a manufacturing business which is not currently located in the State. The New Business must notify the Department of Commerce of its intent to enroll in the More Jobs for Marylanders incentive program **prior to establishing a facility in the State.**

**For Existing Businesses:** An existing Maryland manufacturing business must notify the Department of Commerce of its intent to enroll in the More Jobs for Marylanders incentive program **before creating new jobs.**

Please fill in the following information and sign the Notice of Intent. The Notice of Intent should be signed by an Officer of the company. When Commerce receives the notice, we will mail the company an application to enroll its manufacturing project in the program. Notice of intent is required to participate in the program but does not constitute an approval for incentives by the Department.

Please return the Notice of Intent to:

Mark A. Vulcan, Esq., CPA  
Program Manager, Tax Incentives  
Maryland Department of Commerce  
401 East Pratt Street, Suite 1760  
Baltimore, MD 21202  
Attn: More Jobs for Marylanders Incentive Program  
Phone: (410) 767-6438  
Email: [mark.vulcan@maryland.gov](mailto:mark.vulcan@maryland.gov)



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1. Name of Company: \_\_\_\_\_
2. Company NAICS Code: \_\_\_\_\_
3. Please check: New Business ☐ Existing Business ☐
4. Mailing Address of Company (where enrollment application will be mailed): \_\_\_\_\_  
\_\_\_\_\_
5. Location (or anticipated location) of Business Establishment: \_\_\_\_\_  
\_\_\_\_\_

(Business Name) is notifying the Maryland Department of Commerce of its intent to enroll its manufacturing project in the More Jobs for Marylanders Incentive Program. (Business Name) is a (new/existing) manufacturer that (will be/is) located in (Maryland County).

Notice of intent is required to participate in the program but does not constitute an approval for incentives by the Department.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Print Officer's Name

\_\_\_\_\_  
Contact Email Address

\_\_\_\_\_  
Title of Officer

\_\_\_\_\_  
Contact Phone Number